



## What can you do if your drug isn't covered by your Medicare drug plan?

First, find out why it is not covered. Ask your pharmacist, or contact your Medicare drug plan. Then, refer to the charts below.

If the reason is this:	Then try doing this:
Your Medicare drug plan requires your doctor to get prior approval from the plan before the plan will cover your drug.*	<ul style="list-style-type: none"> <li>➤ Ask the pharmacist to contact your doctor about getting the approval from the plan.</li> <li>➤ Or, you could ask your doctor if he or she has asked the plan for approval before prescribing the drug.</li> <li>➤ If the doctor has followed the plan's procedures and the plan still will not cover a drug that both you and your doctor agree you need, you should ask the plan for an "exception." (See the back of this fact sheet.)</li> </ul>
Your Medicare drug plan wants you to try a different drug first.*	<ul style="list-style-type: none"> <li>➤ Ask your doctor if it is safe and effective for you to try the other drug.</li> <li>➤ If the doctor does not think it is safe and/or effective, you will need to ask the plan for an "exception."</li> <li>➤ If the plan still will not cover a drug that you and your doctor feel you need, you should appeal. (See the back of this fact sheet.)</li> </ul>
Your Medicare drug plan does not cover your drug, or your drug plan does not cover the dosage, amount, or form (i.e. liquid, pill) of the drug your doctor has prescribed for you.*	<ul style="list-style-type: none"> <li>➤ Ask your doctor if there is another drug that the plan covers which will work just as well for you.</li> <li>➤ If the plan does not cover another drug that your doctor believes is safe and effective for you to take, you will need to ask the plan for an "exception." If you still do not get the drug, you should appeal. (See the back of this fact sheet.)</li> <li>➤ You may be able to switch to a different plan that does cover your drug. If you are receiving full Medicaid benefits or the state pays for your Medicare Part B premium, you can switch plans, but your new coverage will not be effective until the 1<sup>st</sup> day of the next month. Before switching plans, make sure you choose a plan that covers all of your drugs.</li> </ul>
The Medicare prescription drug program does not cover the drug.	<ul style="list-style-type: none"> <li>➤ If you have Medicaid, your state's Medicaid program may cover some drugs that Medicare does not cover. If you have a Medicaid card, show it to your pharmacist to see if Medicaid will pay for the drug.</li> <li>➤ If you do not have Medicaid and Medicare does not cover your drug, you may have to pay for the drug yourself. Talk to your doctor and others who help you to see if other government programs, organizations, or charities can help you get your drug.</li> </ul>

\* If you just enrolled in this plan, talk to your pharmacist about getting a one-time, 30-day fill from the plan. This is called a "transition fill." Your pharmacist should be able to call the plan to ask for this one-time fill. This should give you enough time to explore your options so that you are able to get the medication you need.

# How to Request a Formulary Exception and File an Appeal

## Ask for a formulary exception.

You and your doctor can ask a Medicare drug plan to make an exception to its formulary so that you can get a medicine you need. You can ask someone to help you request the exception.



**The doctor must state that no other drugs offered by the plan will be as effective as the drug prescribed and that taking a different drug may harm you, because of bad side effects or because of your medical condition.** The plan may ask your doctor to provide medical records or other documents.

- If the plan wants you to try a cheaper drug first, but you have already tried that drug in the past and had problems or found it did not work, the doctor should indicate this to the plan.
- If you need the drug in a different amount, dosage, or form than the plan covers, and it would not be medically acceptable for you to take the drug in the amount, dosage, or form the plan covers, the doctor should indicate this to the plan.

## The plan must make a decision within 72 hours.

The plan must notify you about its decision within 72 hours after you (and/or your doctor) ask the plan for a formulary exception. Your doctor can ask the plan to expedite this process if it is an emergency. Plans have 24 hours to make a decision if your doctor requests an expedited decision.

- If the plan decides not to cover the drug, it must give you a written notice.
- If you and your doctor disagree with the plan's decision, you can appeal.

## If necessary, file an appeal.

If the plan denies your formulary exception, you have 60 days to ask the plan for a redetermination. You and your doctor will need to give the plan more information. An expert from your Medicare drug plan (such as a doctor who was not involved in the first decision) will review your case again. The plan usually has 7 days to make another decision. You (or your doctor) can ask for the redetermination to be expedited if it is an emergency and the plan must decide within 72 hours.

1. If the plan decides against you, you can ask for a reconsideration by an Independent Review Entity. You have 60 days to ask, in writing, for a reconsideration and a decision will be made within 7 days. If your doctor asks for the reconsideration to be expedited, the decision will be made within 72 hours. You, your doctor, the plan, and Medicare will get notice of the decision.
2. If you disagree with the reconsideration, you may be able to appeal to an Administrative Law Judge (ALJ) within 60 days of getting the reconsideration denial.
3. If the ALJ denies your request, you can ask the Medicare Appeals Council to consider the case.